TNPI PROPS



Tennessee Valley Authority, 1101 Market Street, MR4G, Chattanooga, Tennessee 37402-2801

February 7, 2013

Division of Water Pollution Control
Attention: Permit Section - Pesticide General Permit
6th Floor, L&C Annex
401 Church Street
Nashville, Tennessee 37243

Dear Sir or Madam:

TENNESSEE VALLEY AUTHORITY (TVA) SYSTEM APPLIED MAINTENANCE - ANNUAL REPORT FOR GENERAL NPDES PERMIT NUMBER TNP100005 - DISCHARGES FROM THE APPLICATION OF PESTICIDES

Enclosed is a completed annual report for herbicide treatments performed by TVA System Applied Maintenance and/or its contractors in calendar year (CY) 2012. This report includes:

Right of way vegetation management herbicide applications in TVA service area sectors for maintenance of transmission lines (Pest Management Areas 1-5 on the enclosed report)

TVA submitted a Notice of Intent (NOI) for right of way vegetation management which Notice of Coverage was issued on August 29, 2012. This report includes discharges which occurred in CY2012 after September 1, 2012.

If you have any questions or need additional information, please contact Cherie Minghini in Chattanooga, Tenessee by phone at (423) 751-6375 or by email at cmminghini@tva.gov.

Sincerely,

Wilbourne C. Markham, Jr.

Senior Manager

Environmental Permits & Compliance - Energy Delivery

Wilboure Charleny

Enclosures

RECEIVED
FIB 1 1 2013
TN Division Of Water
Fellution Control



Tennessee Department of Environment and Conservation Division of Water Pollution Control

6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243 1-888-891-8332 (TDEC)

Annual Reporting Form for the Pesticide General Permit (PGP)

This form is for any Operator that is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in Part 7 of the permit.

J		*******	politing	,	o promoso osiar	rour jour ao ao a	mod mir dit	or the perim		
A. Genera 1. NPDES Permit Tr	l Information acking		00005	,						
Number:	Ū							_		
2. Operator Name:	Tennes	ssee	Valley	Autho	ority -	System	Appli	Led Ma:	intenance	7
 Operator Contact a. Street: 1101 	Information: 1 Market	: Str	eet, MR	5F						
b. City: Chat	tanooga	•				TN	d. ZIP	37402	:	
e. Telephone: 4	23-751-4	1081								
4. Contact Information	on:									
a. Contact Name:	Jason :	Γ. Re	gg	£40		·				
b. Title:	Manage	r, Li	ne Appl	ied :	Service	s 				
c. E-mail:	JTRegg	@tva.	gov							
B. Advers 1. Was an adverse in permit? a. No adverse		ed and/or	corrective action					h you have c	coverage under th	ė
					,		-	6 for each E	Port Managament	Aroa in
b. Yes, an adv which adver	verse incident w rse incidents we	as observ ∍re observ	ed and/or a co red or correctiv	rrective a re actions	s were taken. C	on, (Complete q Copy this sectio	n for non-e	lectronic sub	bmissions).	Alcam
Pest Management A	rea # of #	#								
2. Pest Managemen	t Area Name:								Manager area and the company of the	
3. If applicable, provipages, if needed):	ide the date for	any adve	rse incidents a	s a result	t of those treati	ment(s), as des	cribed in P	art 6,4 of the	e permit (use add	itional
Date of adverse in			ШШ							
 Date and time the any instructions re- 			division to noti	fy the Agr	ency of the adv	verse incident, v	who the Op	erator spoke	with at the divisi	on, and
a. Date:				C.	Who the Ope	rator spoke witl	h at the div	ision:		
b. Time:			PARTIE AND ADDRESS OF THE PARTIE AND ADDRESS	d.	Instructions n	eceived from th	e division:			
							arrange (m. 1949)			
5. Date of submission of				L					,	
6. Describe any corrective in the Thirty (30)-Day	re action(s), includ Adverse Incident \	ing spill resp Vritten Rep	oonses, resulting f ort:	rom pestici	de application acti	ivities and the ratio	nale for such	action(s), subs	sequent to those step	s described
New Spirit Control of the Control of										
							····	The state of the s		
					an AA					

HECENED

C. Pest Management Area(s) (use additional pages for each Pest Management Area)	
Pest Management Area#_1 of ##_5	
Have any discharges from pest control activities occurred in this calendar year?	
 a. No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from peyear. Proceed to section D. 	est control activities this
b. X Yes. Proceed to question 2.	
2. Indicate the pesticide use pattern for the Pest Management Area:	
a. Mosquito and Other Flying Insect Pest Control b. Meed and Algae Pest Control	
c. Animal Pest Control d. Forest Canopy Pest Control	
3. For each treatment area (use additional pages for each treatment area);	
a. Provide a description of the treatment area within this Pest Management Area, including location description: Right of Way Vegetation Management occurred in the Mayfie	ld gector
A total of 6 transmission lines were treated.	ild BCCCOI.
b. Size of treatment area (in acres or linear feet): 1992 acres or linear feet.	
c. Name or location of any waters of the state to which discharges occurred: All waters of the state within the Pest Management Area e	evcent
Reelfoot Lake-TN portion of the lake at its associated we	
d. Target Pest(s): Woody vegetation - trees and tall shrubs with poter	
4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):	root.
Company Name: Progressive Solutions	
Street 106 West College Street	
Outdet.	
City: Marshall State: AR ZIP Code: 72650	
Contact Lee Atkins	
Phone 601-807-1974	
E-mail: appliedsolution@aol.com	
5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: 🔀 Yes 🔲 No	Not Applicable
6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application	
Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.	1011 1110 11001
Product Name ACCORD XRT Quantity Applied (ibs or Product Name	Quantity Applied (lbs or
EPA Reg No. 62719-556 gallons of productly:	gallons of product):
Application method: Application method:	,
a. Aerially by fixed-wing lbs or gallons a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraftlbs or gallons b. Aerially by rotary aircraft	lbs or gallons
c. 🔀 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high to be compared to the compare	lbs or gallons
pressure canopy sprayer) pressure canopy sprayer)	
d. Aquatic vehicle mounted sprayer lbs or gallons d. Aquatic vehicle mounted sprayer	ibs or gallons
e. Direct mixture (includes metering, subsurface subsurface applications) bs or gallons e. Direct mixture (includes metering, subsurface applications)	ibs or gallons
f. Chemigationlbs or gallons	lbs or gallons
g. Other (specify): 'y):	-
d. Aquatic vehicle mounted sprayerlbs or gallons d. Aquatic vehicle mounted sprayer e. Direct mixture (includes metering, subsurface applications)lbs or gallons applications) d. Aquatic vehicle mounted sprayer e. Direct mixture (includes metering, subsurface applications)	ibs or gallons
Other (chacility)	lbs or gallons

Fig. C. La IV La D

C. Pest Management Area(s) (us	e additional pages	for each Pest Management Area)	
Pest Management Area#_2 of ##_5			
1. Have any discharges from pest control activities occurr	ed in this calendar year?		
 a. No discharge from pest control activities this cal year. Proceed to section D. 	endar year. Note: Checking	this box completes Section C if you had no discharge from	pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manager	ment Area:		
a. Mosquito and Other Flying Insect Pest Control	b. 🛛 Weed and Algae	Pest Control	
c. Animal Pest Control	d. Torest Canopy Pe	est Control	
3. For each treatment area (use additional pages for each			
 a. Provide a description of the treatment area within Right of Way Vegetation 	this Pest Management Arez n Managemen	a, including location description: t occurred in the Jackson	sector.
A total of five transm	ission line	s were treated.	
b. Size of treatment area (in acres or linear feet): 5:	23 acres or linear l	eet.	
 Name or location of any waters of the state to whice All waters of the st 	ch discharges,occurred: ate within	the Pest Management Area.	
d. Target Pest(s): Woody vegetat:	ion - trees	and tall shrubs with pot	
Name and contact information for pesticide applicator(s) (or chark here if same as	exceed 10 foo	ot.
Damirona Dua		provided in Section A).	
Street: 344 Mt. Zion F	Road 		
City: Decaturville		State: TN ZIP Code: 38329	
Contact Parker Ma	ners	Owner	
Phone 731-549-9391			
E-mail: plmaners@netease	e.net		
5. Was this pest control activity addressed in your Pesticion	le Discharge Monitoring Pla	an (PDMP) before pesticide application: X Yes No	☐ Not Applicable
		ne product name, EPA Registration Number(s) and by applic	
Circle if quantity indicated is in lbs or gallons: Add addi			
Product Name Accord XRT	Quantity Applied (lbs or	Product Name Habitat	Quantity Applied (lbs or
EPA Reg No. 62719-556	gallons of product):	EPA Reg No. 241-426	gallons of product):
Application method:	, ,	Application method:	
a. Aerially by fixed-wing	lbs or gallons	a. Aerially by fixed-wing	ibs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	2 <u>203</u> lbs or gallons	 C. \overline{\text{Land-based sprayer (includes backpack,}}	331 lbs or gallons
d. Aquatic vehicle mounted sprayer			
u. L. Aquatic vertice mounteu sprayer	ibs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
e. Direct mixture (includes metering, subsurface applications)	lbs or gallons	d. Aquatic vehicle mounted sprayer e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
e. Direct mixture (includes metering,	-	e. Direct mixture (includes metering, subsurface	

RECEIVED

FIB 1 : 2013

C. Pest Management Area(s) (use	e additional pages	for each Pest Management Area)	
Pest Management Area#_3 of ##_5_		•	
Have any discharges from pest control activities occurre			
jumin ramada ta adatat, p,	endar year. Note: Checkin	g this box completes Section C if you had no discharge from p	pest control activities this
b. 🔀 Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Managem			
a. Mosquito and Other Flying Insect Pest Control	b. 🔀 Weed and Algae	Pest Control	
c. Animal Pest Control	d. Trorest Canopy P	est Control	
3. For each treatment area (use additional pages for each			
a. Provide a description of the treatment area within the Right of Way Vegetation	nis Pest Management Are On Manageme	a, including location description: .nt occurred in Cleveland	sector.
One transmission line			
The state of the s			
b. Size of treatment area (in acres or linear feet): 38		feet.	
c. Name or location of any waters of the state to which		the Pest Management Area.	
THE WATCHE OF THE BEA	CC WICHIEL C	ile rese management Area:	
Woody vegetati	on - trees	and tall shrubs with pote	ential to
d. Target Pest(s): WOODY VEGECACT	OII CLEES		V
4. Name and contact information for pesticide applicator(s)		exceed 10 for exceed 10 f	ot.
Company Name: Progressive	Solutions		
Street 106 West Colle	ege Street		
(4) (1) (1)	90 202000		
City: Marshall		State: AR ZIP Code: 72650	
Contact Mark Athey	7		
Phone 870-448-3065			
E-mail: <u>mathey@progressi</u>	ve <u>soluti</u> on	s.net	
Was this pest control activity addressed in your Pesticide	e Discharge Monitoring Pla	an (PDMP) before pesticide application: X Yes No	☐ Not Applicable
6. Enter the total amount of each pesticide product applied	for the reporting year by the	ne product name, EPA Registration Number(s) and by applica	
Circle if quantity indicated is in lbs or gallons: Add additi	onal pages if necessary.	Lineage Clear	
Product NameAccord XRT	Quantity Applied (lbs or	Product Name Lineage Clear	Quality Applied (103 0)
	gallons of product):	EPA Reg No. 352-766	, gallons of product):
Application method:		Application method:	
a. Aerially by fixed-wing	Ibs or gallons	a. Aerially by fixed-wing	ibs or gallons
b Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
 c. \(\begin{align*} \begin{align*} \text{Land-based sprayer (includes backpack,} \\	lbs or gallons	 C. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	63 lbs or gallons.
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
e. Direct mixture (includes metering, subsurface applications)	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	lbs or gallons		lbs or gallons
g. Other (specify):	lbs or gallons	λ):	lbs or gallons

RECEIVED
FIB 1: 2013
THE DIVISION OF WARM
FIRMLES CONTEST

C. Pest Management Area(s) (use	additional pages	for each Pest Management Area)	
Pest Management Area# 4 of ## 5			
Have any discharges from pest control activities occurred.			
 a. In No discharge from pest control activities this cale year. Proceed to section D. 	ndar year. Note: Checkin	g this box completes Section C if you had no discharge from p	est control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Management	ent Area:		
a. Mosquito and Other Flying Insect Pest Control	b. 🔀 Weed and Algae	Pest Control	
c. Animal Pest Control	d. Torest Canopy P	est Control	
3. For each treatment area (use additional pages for each t			
a. Provide a description of the treatment area within th Right of Way Vegetation	nis Pest Management Are n Managemen	a, including location description: Lt occurred in the Chattan	ooga sector
One transmission line	_		
b. Size of treatment area (in acres or linear feet): 61	8 acres orlinear	feet.	
c. Name or location of any waters of the state to which	discharges occurred:		
All waters of the sta	te within t	the Pest Management Area.	
			7
d. Target Pest(s): Woody vegetation	on - trees	and shrubs with potential	to exceed
4. Name and contact information for pesticide applicator(s)	(or check here if same as	provided in Section A): ☐	
Company Name: Progressive		·	
106 West College	e Street		377.77
Street:			
City: Marshall		State: AR ZIP Code: 72650	
_{Contact} Mark Athey			
Phone 870-448-3065			
E-mail: mathey@progressi	vesolutions	s.net	
5. Was this pest control activity addressed in your Pesticide	Discharge Monitoring Pl	an (PDMP) before pesticide application: X Yes No	☐ Not Applicable
		he product name, EPA Registration Number(s) and by applica	I
Circle if quantity indicated is in lbs or gallons: Add addition	onal pages if necessary.	Product Name Lineage Clears	tand
Product Name	Quantity Applied (lbs or gallons		Quantify Applied (lbs or gallons
	of product):	EPA Reg No. 352-766	of product):
Application method:	Barrier and States	Application method:	lhp or golleng
a. Acrially by fixed-wing	lbs or gallons	a. Acrially by fixed-wing	lbs or gallons
 b. Aerially by rotary aircraft c. X Land-based sprayer (includes backpack, 	lbs or gallons	b. Aerially by rotary aircraft c. X Land-based sprayer (includes backpack.	ibs or gallons 96_ibs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	204 lbs or gallons	land vehicle mounted sprayers, high pressure canopy sprayer)	ios o rganons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons
Direct mixture (includes metering, subsurface applications)	lbs or gallons	 e. Direct mixture (includes metering, subsurface applications) 	ibs or gallons
f. Chemigation	lbs or gallons		ibs or gallons
g. Other (specify):	lbs or gallons	ÿ):	ibs or gallons

PECENED

C. Pest Management Area(s) (u	se additional pages	for each Pest Management Area)	All the same of th
Pest Management Area#_5 of ##_5			
Have any discharges from pest control activities occur	rred in this calendar year?		
		g this box completes Section C if you had no discharge from p	pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manage			
a. Mosquito and Other Flying Insect Pest Control	b. 🛛 Weed and Algae	Pest Control	
c. Animal Pest Control	d. Forest Canopy P	est Control	
3. For each treatment area (use additional pages for each			
a. Provide a description of the treatment area within Right of Way Vegetation	n this Pest Management Area	a, including location description: It occurred in the Bowling	Green sect
One transmission line	-		, dicen bee
			- 1700
b. Size of treatment area (in acres or linear feet):	3 acres or linear	feet.	
c. Name or location of any waters of the state to wh	ich discharges occurred:	the Deat Management Area	
All waters of the st	ace within c	the Pest Management Area.	
			7
d. Target Pest(s): Woody vegetat:	lon - trees	and shrubs with potential	to exceed
4. Name and contact information for pesticide applicator	(s) (or check here if same as	provided in Section A):	
Company Name: Progressive		s provided in Occides 17).	
Company Name.		19 July 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Street: 805 Decatur St	reet		
City: Newton		State: M S ZIP Code: 39345	
Contact Brandon Kidd		Lambor de la companya	
Phone 423-300-0376			
kidd@nrogreggiv	esolutions.r	net	
E-mail: KIUU@PIOGICBBIV			
5. Was this pest control activity addressed in your Pestic	ide Discharge Monitoring Pla	an (PDMP) before pesticide application: X Yes No	☐ Not Applicable
 Enter the total amount of each pesticide product applie Circle if quantity indicated is in lbs or gallons; Add add 		he product name, EPA Registration Number(s) and by applica	ation method.
Product Name Rodeo		Product Name Arsenal	One of the America of Alexander
EPA Reg No. 62719-324	Quantity Applied (lbs or gallons	EPA Reg No. 241-346	Quantity Applied (lbs or gallons
	of product):		of product):
Application method:	lbs or gallons	Application method:	lbs or gallons
a. Acrially by fixed-wing		a. Acrially by fixed-wing	•
 b. Aerially by rotary aircraft c. X Land-based sprayer (includes backpack, 	lbs or gallons 4 lbs or gallons	b. Aerially by rotary aircraft c. X Land-based sprayer (includes backpack,	lbs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	4 Ibs o r gallons	land vehicle mounted sprayers, high pressure canopy sprayer)	. 5 lbs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	ibs or gallons
e. Direct mixture (includes metering, subsurface applications)	Ibs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	Ibs or gallons		lbs or gallons
g. Other (specify):	lbs or gallons	ŷ):	lbs or gallons

C. Pest Management Area(s) (us	se additional pages	for each Pest Management Area)	
Pest Management Area# 5 of ## 5 C	ONTINUED		
Have any discharges from pest control activities occur			
 a. No discharge from pest control activities this cay year. Proceed to section D. 	ilendar year. Note: Checkin	g this box completes Section C if you had no discharge from	pest control activities this
b. Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manage	ment Area:		
a. Mosquito and Other Flying Insect Pest Control	b. Weed and Algae	Pest Control	
c. Animal Pest Control	d. Torest Canopy P	Pest Control	
3. For each treatment area (use additional pages for each			
Provide a description of the treatment area within	this Pest Management Are	a, including location description:	
·	***************************************	Aller	
b. Size of treatment area (in acres or linear feet):	acres or linear	feet	**************************************
c. Name or location of any waters of the state to whi		1000	
		·	
d. Target Pest(s);			
4. Name and contact information for pesticide applicator(s) (or check here if same a	s provided in Section A):	
Company Name:	-, (-, -, -, -, -, -, -, -, -, -, -, -, -, -	s protesta is cookerny,	
Company Name.			
Street:			
City:		State: ZIP Code:	
Contact			
Phone	·		
E-mail:			
5. Was this pest control activity addressed in your Pestici	de Discharge Monitoring Pl	an (PDMP) before pesticide application: Yes No	☐ Not Applicable
	•	he product name, EPA Registration Number(s) and by applic	
Circle if quantity indicated is in lbs or gallons: Add add	itional pages if necessary.		
Product Name	Quantity Applied (lbs or	Product Name Escort XP	Quantity Applied (lbs or
EPA Reg No. 62719-537	gallons of product):	EPA Reg No. 352-439	gallons of product):
Application method:		Application method:	
a. Aerially by fixed-wing	Ibs or gallons	a. Aerially by fixed-wing	lbs or gallons
b. Aerially by rotary aircraft	lbs or gallons	b. Aerially by rotary aircraft	lbs or gallons
 c. X Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	. 34 lbs or gallons	 c. XI Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	. 02 lbs or gallons
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	ibs or gallons
 e. Direct mixture (includes metering, subsurface applications) 	lbs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	lbs or gallons		lbs or gallons
g. Other (specify):	lbs or gallons	ŷ):	lbs or gallons



D. Certification	
certify under penalty of law that this document and all attachments were prepared under my direction or supervision in according to assure that qualified personnel properly gathered and evaluated the information submitted. On the bary inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information formation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant for submitting false information, including the possibility of fine and imprisonment for knowing violations. A false tatement is subject to the penalties of perjury.	sis of
Printed Name: Jason T. Regg	
Manager, Line Applied Services	
-Mail: jtregg@tva.gov	
Signature/Responsible Official: Date: UZ dS Zd13	
Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)
Preparer Cherie M. Minghini	
Organization: TVA Environmental Permits and Compliance	
Phone: 423 751 6375 N/D	

E-Mail:

423 751 6375 N/A

cmminghini@tva.gov

RECENTED FIB 1 1 2019